

Delivery via email to: angelagreen@saintsimeons.org

January 7, 2025

License Number: CC7205AL

Ms. Mollie Wooldridge, Administrator
Saint Simeons Episcopal Home
3701 North Cincinnati
Tulsa, OK 74106

Survey Event ID: XBN911

Dear Ms. Wooldridge:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 3, 2025**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

INVESTIGATIVE REPORT

Facility: Saint Simeons Assisted Living
Address: 3701 North Cincinnati
City, State, Zip: Tulsa, OK, 74106
Provider #: CC7205AL
Complaint #: OK00073565
Investigation Dates: 01/02/25 and 01/03/25

ALLEGATION

The center failed to ensure residents were not physically, verbally or psychosocially abused.

An unannounced on-site investigation was initiated 01/02/2025 at 9:57 a.m.

A sample of four residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

During the survey observations of clients were conducted alone and with staff for interactions and bruising. Interviews were conducted with residents and staff regarding abuse and reporting. Review of records included, resident clinical records, policies, reported incidents with investigations, and in-services.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 01/03/2025

INVESTIGATIVE REPORT

Facility: Saint Simeons Assisted Living
Address: 3701 North Cincinnati
City, State, Zip: Tulsa, OK, 74106
Provider #: CC7205AL
Complaint #: OK00073838
Investigation Dates: 01/02/25 and 01/03/25

ALLEGATIONS
The facility failed to ensure residents were free from physical, verbal, and psychosocial abuse.
The facility failed to ensure residents were free from misappropriation of property.

An unannounced on-site investigation was initiated 01/02/2025 at 9:57 a.m.

A sample of four residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

Throughout the survey observations were made of resident rooms and supplies available. Residents and staff were interviewed regarding supplies and abuse. Record review consisted of policies, resident records, reportable incidents, and investigations.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 01/03/2025

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CC7205AL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/03/2025
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NAME OF PROVIDER OR SUPPLIER SAINT SIMEONS EPISCOPAL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3701 NORTH CINCINNATI TULSA, OK 74106
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>INITIAL COMMENTS</p> <p>Complaint investigations (#OK00073565 and #OK00073838) were conducted on 01/02/25 and 01/03/25. No deficiencies were cited.</p> <p>Facility Census: 73</p>	C 000		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____